

City of Leesburg Business Tax Registration

Phone (352) 728-9818, Fax (352) 728-9734
501 W. Meadow St./ P O Box 490630/Leesburg, FL 34749-0630

1. NAME OF BUSINESS _____
_____ Fictitious Name _____ Sole Proprietor _____ Incorporated FEIN # _____
2. BUSINESS ADDRESS _____ ZIP _____
3. BUS. PHONE _____
4. MAILING ADDRESS (if different from business) _____ ZIP _____
4. BUSINESS OWNER'S NAME _____
HOME ADDRESS _____ ZIP _____ HOME PHONE _____
SSN _____ DATE OF BIRTH _____ DRIVERS LICENSE # _____
5. EMERGENCY TELEPHONE NUMBERS TO CALL AFTER HOURS:
 1. NAME _____ TELEPHONE # _____
 2. NAME _____ TELEPHONE # _____
6. CHECK THE FOLLOWING:
_____ NEW BUSINESS LICENSE _____ TRANSFER OF LOCATION _____ TRANSFER OF OWNERSHIP
7. EXPLAIN TYPE OF OPERATION AT THIS LOCATION: _____

8. FILL IN APPLICABLE INFORMATION BELOW:

Retail Sales: Average inventory amount _____
Restaurants: # of seats _____
Fuel Station: # of Nozzle/outlets _____
State License #: _____

Coin operated machines: (# of machines)
_____ Juke box _____ Amusement Machines
_____ Video games _____ Pool Tables
_____ Other _____ Washers & Dryers

NOTE: This registration DOES NOT AUTHORIZE occupancy of the business premises until inspected and DOES NOT AUTHORIZE any alteration work or signage without first obtaining the required permits from the Building Department.

Signature _____ **Date** _____

FOR OFFICE USE ONLY

TAX CLASSIFICATION _____ **FEE AMOUNT** _____ **RECEIPT #** _____

CONTROL # _____ **TRANSFERRED FROM CONTROL #** _____

ISSUED BY: _____ **DATE:** _____